

SOLICITATION AMENDMENT

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. JEFFERSON, MAIL CODE 55302
PROCUREMENT SERVICES
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105 AMENDMENT NO. 9 Contract Officer: Karen D. Ingram

SOLICITATION DUE DATE: January 3, 2012

SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR BID
SOLICITATION.

THIS SOLICITATION IS AMENDED AS FOLLOWS:

RFP NO. ADOC12-00001105 – Privatization for All Correctional Health Services

CHANGES IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE
REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Questions submitted on December 6, 2011 and December 7, 2011

Question 1: RFP Page 80 - Pharmacy Services - How many current inmates have failed treatment with Interferon and Ribavirin for Hepatitis C in the past and would be potential candidates for retreatment with the new three-drug regimens (Interferon/Ribavirin/Protease Inhibitor)?

Answer: 14 inmates have failed treatment with Interferon and Ribavirin for Hep C and would be potential candidates for retreatment with the new three-drug regimens.

Question 2: RFP Page 80 - Pharmacy Services - How many treatment-naïve patients with Hepatitis C are expected to be candidates for treatment over the next 12-24 months?

Answer: Since July 1, 2011, 34 treatment-naïve patients with Hepatitis C are expected to be candidates for treatment over the next 12-24 months.

Question 3: With the privatization of all health care services, DaVita Dialysis would like to bid on the contract to provide on-site dialysis services to your Florence and Wilmot facilities. Is this possible, or would these services fall under the umbrella of the contractor who wins the bid to provide all health care, inclusively?

Answer: Please refer to section 2.1.2 and 2.1.3 of the RFP. An awarded contractor would be required to provide all healthcare services for which dialysis is a component.

Question 4: RFP Page 104 – Section 2.20 - Please provide the following information, by facility complex, as it relates to current waiting times for specific services, based on ADC standards: -

- # health assessments not completed within two days of an inmate's arrival –
- # mental health assessments not completed within two days of an inmate's arrival –
- # sick call requests not triaged within 24 hours - # mental health requests not triaged within 24 hours
- # referrals from sick call to a physician or midlevel not completed within 7 days –

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- # urgent specialty consultations not scheduled within 30 days –
- # inmates the chronic care/disease management program with treatment plan not completed within 30 days –
- # referrals to a psychiatric provider not completed within 7 days –
- # of Seriously Mentally Ill inmates without a treatment plan update every 30 days –
- # inmates on psychotropic medications without a face to face encounter with a psychiatric RN every 30 days –
- # inmates on psychotropic medication without a face to face encounter with a Psychiatrist or a Psychiatry Certified Nurse Practitioner every 3 months

Answer: All health assessments are completed within two days of an inmate's arrival at all ADC Facilities. All initial mental health assessments are completed within two days of an inmate's arrival at ADC. Data on the other questions is not available. Although ADC does not maintain this data, periodic reviews are conducted at the institutions to ensure compliance with ADC standards.

Question 5: RFP Page 3 – Section 1.10 - Given the number of questions still outstanding to be answered, is the Department considering an extension of the proposal due date?

Answer: The Proposal due date shall remain January 3, 2012.

Question 6: RFP Page 124 – Section 3.5 - Will the Department consider additional infirmity beds at the Lewis facility, given the current classification of inmate population housed at this facility?

Answer: ADC does not intend to make any modifications in special bed capacity at this time. However, per RFP, Sections 2.1.11 and 2.6.15, an Offeror may (but is not required to) include as part of their response to the Request for Proposal an option for increasing on-site infirmity beds at the Contractor's cost, subject to Department approval of the plan for and construction of the expansion and subject to review by the Joint Committee on Capital Review and/or the Legislature.

Question 7: RFP Page 63 – Section 2.10 - Will the ADC or Contractor be required to purchase the protective equipment for medical staff working in the Detention Units? Would this include the necessary inserts for the protective vests?

Answer: ADC will provide the protective equipment required for medical staff working in the Detention Units.

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Question 8: RFP Page 63 – Section 2.10 - Can you please provide a repair estimate or time frame for replacement of the broken radiology equipment at Eyman's SMU1.

Answer: The broken radiology equipment at Eyman's SMU I cannot be repaired.

Question 9: RFP Page 48 - Section 2.6.12 - Will ADC continue to provide radios to the vendor's medical/mental health staff?

Answer: Yes, radios will be available to Contractor staff as determined by ADC in accordance with existing policies and procedures, including Department Order 104, Communications System, governing the distribution of radio equipment.

A link to Department Order 104 can be found under Critical Reference Material at http://www.azcorrections.gov/HealthServicesRFP_2.html

Question 10: RFP Page 97 – Section 2.17 - Can you provide the employee tenure on the current Filled Staffing Report?

Answer: ADC will not provide employee tenure on the report referenced.

Question 11: RFP Page 78 – Section 2.10 - Please provide the number of discharges, by complex, by month? Discharge is defined as released from the ADOC system back to the community.

Answer:

RELEASES FY 11

Month	Douglas	Eyman	Florence	Lewis	Perryville	Phoenix	Safford	Tucson	Winslow	Yuma	Total
July	170	108	227	214	208	44	67	214	54	96	1,402
August	167	138	241	218	213	43	86	231	49	88	1,474
September	133	92	181	223	207	47	55	246	54	85	1,323
October	122	81	157	208	189	57	76	262	46	99	1,297
November	100	102	159	198	199	40	61	258	50	104	1,271
December	110	117	162	222	209	45	57	261	67	137	1,387
January	110	102	163	205	206	49	73	247	51	137	1,343
February	92	86	147	165	185	50	52	207	48	121	1,153
March	122	116	168	190	212	58	63	243	40	144	1,356
April	101	85	178	221	187	48	63	226	56	121	1,286
May	104	107	168	198	184	49	65	226	51	133	1,285

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June	109	94	174	169	207	55	63	231	57	134	1,293
Total	1,440	1,228	2,125	2,431	2,406	585	781	2,852	623	1,399	15,870

Question 12: RFP Page 67 – Section 2.10.6 - Can you provide the average number of patients receiving chemotherapy at any given time?

Answer:

- ASPC-Florence/ASPC-Eyman is the primary site for chemotherapy. The average number of patients receiving chemotherapy at any given time is 3 patients for Florence/Eyman.
- AT ASPC-Lewis, the number the average number of patients receiving chemotherapy at any given time is 3 patients.
- ASPC-Tucson currently has no inmates scheduled for chemotherapy. In the past, Tucson has had 1-3 inmates going daily for chemotherapy.

Question 13: Mental Health Credentials - What are the credentials and functions of the following mental health positions:

Psychology Associate 1
Psychology Associate 2
Psychology Associate 3
Psychologist 2
Psychologist 3
Psy Spv (assumed to stand for Psychologist Supervisor)
Psych Nurse 1, 2, 3
Recreational Therapist 9, Mental Health Therapist 2

Answer: ADC has the following budgeted positions.

- Psychology Associate II
- Psychologist II
- Psychologist III
- Psychiatrist Supervisor (Psy Spv)
- Psychiatric Nurse II
- Recreational Therapist III
- Mental Health Therapist II

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The information regarding the functions and credentials of these ADC positions is provided.

ADC Psychologist III:

Position is responsible for development, implementation and monitoring of all mental health department programs and services in the unit, including but not limited to: Psychological evaluation and treatment of inmates; staff training and consultation; interdisciplinary program planning and team formation; preparation of video, paper and material for inmate use; emergency intervention; budget preparation; preparation of work performance report; review and counter sign psychological reports prepared by other staff.

Position requires a doctoral degree in psychology, educational psychology, counseling psychology or as provided by the Board of Psychologist Examiners, appropriate to the area of assignment from an accredited college or university and two years of post-doctorate experience appropriate to the area of assignment.

Must be a licensed as Psychologist in the State of Arizona or must be eligible and must apply within thirty calendar days after date of appointment for licensure as a Psychologist in the State of Arizona.

ADC Psychiatrist Supervisor:

Through subordinate personnel, the position ensures the quality of psychiatric services provided to inmates at the prison. Conducts evaluations and identifies mental health issues. Develops medication regimens and treatment plans for inmates with psychiatric illnesses and is an integral members of the ADC Health Services management team. This position is required to maintain a direct, confidential working relationship with executive staff located at the prison facility and ADC Central Office.

The position manages and directs a team of mental health professionals to ensure services are afforded to inmates in accordance with laws, rules, regulations, policies, and procedures.

Position requires a doctoral degree in psychiatry from an accredited college or university and two years of post-doctorate experience appropriate to the area of assignment. Must be licensed as a Psychiatrist in the State of Arizona.

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ADC Psychology Associate II:

CLASSIFICATION SPECIFICATION

FLSA:	EXP	Job Code:	ACV78537
Job Class Code:	780	Salary Schedule:	AREG
EEO Category:	02	Grade:	19
Workers Comp Code:	8833		

Job Code Established:	09/29/69	Effective Date:	
Job Code Revised:	10/01/98	Effective Date:	

JOB CODE SERIES: Psychology, Mental Health and Related Series

JOB CODE TITLE: PSYCHOLOGY ASSOCIATE II

HRIS TITLE: PSYCHOLOGY ASSOC II

CHARACTERISTICS OF THE CLASS: Under direction of a certified psychologist or a psychologist serving pending certification, is responsible for performing technical work in psychology in a State mental hygiene or correctional facility involving assessment and treatment of children, adolescents or adults and research and program evaluation; and performs related work as required.

EXAMPLES OF DUTIES: Performs a variety of technical, psychology assignments; administers, scores and interprets a variety of intelligence, aptitude, interest, social maturity, personality and other tests for residents of a State Institution or in a community program; performs counseling or psychotherapy with patients or residents in an institution or in an outpatient or evaluation unit; writes diagnostic, planning, progress and evaluation summaries for individuals selected from the resident or client population; serves as a member of a treatment team serving a prescribed functional unit or combination of units in a mental health retardation program; participates in research and other special projects as a member of a professional staff of an institution; performs psychological evaluation of new admissions to an institution; carries out individual or group therapy programs with residents of a correctional institution; participates in the training, formal and informal, of treatment team and staff members; attends professional and staff meetings; prepares and reviews reports and maintains records.

KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of: psychological testing and evaluation extending to working familiarity with most of the commonly used intelligence, aptitude, interest and personality tests, and some familiarity with projective tests; the methods, techniques and procedures of psychological counseling and therapy; contemporary thoughts and current trends in psychology, sociology and mental health; research methods and techniques.

Ability to: administer, score, and interpret a variety of psychological tests accurately and effectively; write summaries and reports of professional quality; perform counseling and therapy services with individuals and groups.

Skill in: communication, in case management and interpersonal relations.

SPECIAL SELECTION FACTORS: Master's degree or two years full-time graduate work toward a doctoral degree in psychology, educational psychology, counseling psychology or other recognized area of psychology appropriate to the assignment from an accredited college or university and one year of experience equivalent to a Psychology Associate I appropriate to the assignment.

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ADC Psychologist II:

STATE OF ARIZONA JOB CODE SPECIFICATION

FLSA:	EXP	Job Code:	ACV78572
Job Class Code:	780	Salary Schedule:	AREG
EEO Category:	02	Grade:	22
Workers Comp Code:	8833		

Job Code Established:	09/29/69	Effective Date:	
Job Code Revised:	10/01/98	Effective Date:	

JOB CODE SERIES: Psychology, Mental Health and Related Series

JOB CODE TITLE: PSYCHOLOGIST II

HRIS TITLE: PSYCHOLOGIST II

CHARACTERISTICS OF THE CLASS: Under general direction, performs the more advanced and difficult psychological assignments; acts frequently as the senior psychologist coordinating and supervising a clinical or research project or other psychology program of moderate size; and performs related work as required.

EXAMPLES OF DUTIES: Performs work involving difficult problems of diagnosis or treatment; organizes advanced demonstration projects and innovative or experimental treatment units in a mental health program; acts as chief psychologist for a large State rehabilitation program, supervising all testing and psychological evaluations, designing and developing new evaluation instruments and techniques, and providing leadership for a major rehabilitation unit organized to serve a state mental health program; serves as consultant in psychology to a statewide program of services in community mental health; assesses mental health needs in communities and plays major roles in development of new community mental health clinics and centers and in evaluation of construction grants and funding applications; performs advanced or complex psychological evaluations that frequently are used in connection with criminal court cases; consults with government officials at all levels of government; represents program before public forums, professional meetings, and community programs; organizes and participates in conducting and evaluating advanced research projects; prepares and reviews reports; maintains records.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of: psychological testing and evaluation; the methods, techniques and procedures of psychological counseling and therapy; contemporary thought and current trends in psychology, sociology and mental health; the principles and procedures of scientific methodology including experimental design, data analysis and psychological measurements.

Skill/Ability to: communicate verbally and in writing; perform statistical analysis and evaluation testing; lead or to provide professional consultation to a testing or evaluation unit or a treatment team; perform professional counseling and therapy with individuals or groups; apply research principles, methods and psychological measurements to the problems of mental disorder.

SPECIAL SELECTION FACTORS: Required within 30 calendar days of appointment: must be eligible for and apply to the State Board of Psychologist Examiners for certification as a psychologist in the State of Arizona. Required for continuing employment: must receive an affirmative evaluation of credentials by the State Board of Psychologist Examiners within 90 calendar days after appointment. Required for permanent status: must receive certification by the State Board of Psychologist Examiners within one year of appointment. Required for continuing employment: affirmative evaluations of credentials by the State Board of Psychologist Examiners.

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ADC Psychiatric Nurse II:

STATE OF ARIZONA JOB CODE CLASSIFICATION SPECIFICATION

FLSA:	NEXP	Job Code:	ACV38016
Job Class Code:	580	Salary Schedule:	ASRRNURSE
EEO Category:	02	Grade:	20 B
Workers Comp Code:	8833		
Job Code Established:	02/01/85	Effective Date:	
Job Code Revised:		Effective Date:	

JOB CODE SERIES: Psychiatric Nursing

JOB CODE TITLE: PSYCHIATRIC NURSE II

HRIS TITLE: PSY NURSE II

CHARACTERISTICS OF THE CLASS: Reports to a Psychiatric Nursing Shift Supervisor or Psychiatric Nursing/Treatment Manager. Has the authority to enforce adherence to established policies and procedures; to act in a lead role or consultant to other professions and nonprofessional nursing. Provides psychiatric and medical/surgical nursing care directly to patients; functions as a preceptor to subordinate staff in specific patient care; observes and evaluates patient's behavior, administers treatment intervention and medication according to care plan; applies quality assurance nursing standards. Work product consists of consistent assessment of patient's condition; prescribed medication administered, behavioral changes identified, reaction patterns recorded; safe and therapeutic environment maintained. Responsible for quality nursing care for any type of psychiatric patient; to motivate and redirect behavior of the psychiatric patient.

EXAMPLES OF DUTIES: Provides direct psychiatric and medical nursing care to patients. Assists physician with sick calls, medication reviews and physical examination. Transcribes physicians' orders, administers prescribed medication and treatment. Responds to all medical and psychotropic medication emergencies, assesses physical status, administers first aid. Monitors and assesses patients in seclusion, documents and evaluates the reactions for effectiveness. Attends and participates in "change of shift" staff meetings related to patient condition. Provides input and participates in specialized patient care treatment plans. Participates in maintaining quality assurance nursing standards consistent with philosophy and objectives of the agency. Interprets policies and procedures and makes necessary decisions. Provides assistance concerning complex nursing problems to health care personnel. Role-models nursing techniques and practices, evaluates staff. Stocks medication room, counts controlled drugs. Maintains unit security in supervision of patients and visitors; observes for dangerous environmental factors. Discharges and transfers patients, completing reports according to procedure. Attends training sessions to improve working knowledge and skills at skilled specialist or consultant level in work system; such training encompasses a body of theory or conceptions underlying a field of practice. Performs related work as required.

WORK CONDITIONS: Some degree of hazard is present in working with psychiatric patients.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of: professional nursing principles, methods and techniques applied in a psychiatric setting; agency policies and procedures governing the practice of psychiatric nursing science; personality development theories for evaluating behavior and reaction patterns of patients; principles and techniques of role modeling to ensure patient treatment is understood; individual patient's background and medical history.

Skill/Ability to: apply medical, surgical and psychiatric nursing techniques; managing patient aggression through the use of seclusion and restraints. Assess patient behavior following administration of

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Psychiatric Nurse II

Job Code ACV38016

psychotropic medication; use psychotherapeutic interaction with patients and staff; communicate verbally and in writing.

SPECIAL SELECTION FACTORS: Requires ability to pass a post-offer physical exam. Required at time of appointment: possession of a current license or temporary permit to practice as a registered nurse in the State of Arizona. Required for permanent status: possession of a current license to practice as a registered nurse in the State of Arizona.

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THIS SOLICITATION IS AMENDED AS FOLLOWS:

ADC Recreational Therapist III:

STATE OF ARIZONA JOB CODE CLASSIFICATION SPECIFICATION

FLSA:	NEXP	Job Code:	ACV38173
Job Class Code:	770	Salary Schedule:	ASRRRECTH
EEO Category:	02	Grade:	18
Workers Comp Code:	9040		
Job Code Established:	01/05/86	Effective Date:	
Job Code Revised:	01/01/01	Effective Date:	

JOB CODE SERIES: Recreational Therapist Series

JOB CODE TITLE: RECREATIONAL THERAPIST III

HRIS TITLE: RECREATIONAL THERAPIST III

WORK DESCRIPTION: Plans, implements, coordinates and evaluates therapy programs for an assigned work unit consisting of one or more special population groups which may involve supervising professional and/or paraprofessional staff, providing direct therapy and/or instructing others in techniques of treatment and activities of continued care; performs public awareness and informational activities, maintains records and prepares reports.

WORK ACTIVITIES: Instructs, guides and counsels subordinate level workers in carrying out therapeutic activities.

Devises a schedule of work; itinerary, or timetable, or establishes priorities for self and coworkers on a daily, weekly or other periodic basis.

Reviews work products or achievements of subordinate workers; evaluates work and formulates plans for improvement.

Develops and implements recreational therapy programs for treatment unit, section or group; supervises, controls and improves its functioning or utilization.

Evaluates, with physicians, other disciplines, and higher level therapists, the neurophysiological and psychosocial needs of individuals and adapts the various techniques of recreation therapy to meet these needs.

Develops and adjusts treatment or service plan for client based on knowledge of client's situation, gained from interviewing and gathering case information.

Conducts therapy sessions with individuals and groups in accordance with treatment plans and specific methodologies and techniques.

Chooses treatment modalities for their ability to produce predetermined goals such as increased muscle strength and coordination, sensory motor integration and/or increased awareness of and ability to cope with one's surroundings and interpersonal relationships.

Maintains appropriate clinical and administrative records regarding diagnosis, treatment and summary of client's progress.

Attends client staffing meetings, participates in discussions and problem-solving processes.

Conducts and participates in in-service training and staff development programs for regularly employed staff.

Participates in establishing and maintaining a safe, orderly and therapeutic environment.

Confers with other staff members, specialists, consultants and members of the treatment team, discussing, planning and determining courses of action in patient or client care, treatment or case determination.

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Recreational Therapist III

Job Code ACV38173

Attends supervisory or work system management meetings; gives and receives information, participates in problem-solving and decision-making.
Compiles information for and writes periodic reports on activities of work unit.
Confers with other practitioners and technical experts in own field of specialization, in order to broaden knowledge, acquire specific information, or obtain advice or consultation.
Designs and constructs adaptive, assistive, and supportive equipment for use of patients to improve motor functioning, strengthen and support muscles, or prevent malfunction or deformity.
Performs related work as required.

WORK CONDITIONS: Frequently encounters stressful situations in client contact; works in a State institution or a related community-based program for psychiatric, developmentally disabled and/or physically handicapped people.

SUPERVISION: Works under general supervision of a higher level therapist or program manager exercising discretion and judgment within guidelines of the profession and those established for the work unit.

WORK RESULTS/PRODUCTS: A functioning work unit; written goal-oriented treatment plans implemented; client evaluations, clinical records, correspondence in draft or dictation form; (desired): functionally improved clients; increased social interaction.

RESPONSIBILITY: For effective supervision and operation of assigned work unit; quality and effectiveness of therapy services; a safe and therapeutic work environment.

AUTHORITY: To recommend personnel actions, assess client's needs and progress; develop and adjust treatment plans for individuals and groups; delegated responsibility for assigned work unit.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of: the principles, practices and techniques of work leadership and management; therapeutic principles and techniques of group and individual activities used in recreational therapy; the scope of recreational therapy and its relationship to other health care professions; the methods used to accomplish therapeutic goals through recreational programs; modification techniques used to adapt activities to individual needs; community resources for recreational activities; policies and procedures established for the work unit.

Skill/Ability to: apply recreational therapy techniques; explaining and demonstrating therapeutic recreation/activities to staff, clients, primary caregivers and other interested persons; designing and adapting therapeutic activities and equipment; apply the principles, practices and techniques of work leadership and management; evaluate a client's needs and plan a therapeutic treatment program; motivate the client's interest to maximize activities as deemed appropriate by the individual treatment plan; communicate verbally and in writing; establish and maintain work relationships.

SPECIAL SELECTION FACTORS: Requires the ability to pass a post-offer physical exam. May require eligibility for certification as a Recreational Therapist by the National Council for Therapeutic Recreation.

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ADC Mental Health Therapist II:

CLASSIFICATION SPECIFICATION

FLSA:	EXP	Job Code:	ACV78502
Job Class Code:	780	Salary Schedule:	AREG
EEO Category:	02	Grade:	19
Workers Comp Code:	8833		

Job Code Established:	04/13/82	Effective Date:	
Job Code Revised:	12/09/97	Effective Date:	

JOB CODE SERIES: Psychology, Mental Health, and Related Series

JOB CODE TITLE: MENTAL HEALTH THERAPIST II

HRIS TITLE: MENTAL HLTH THERAPIST II

CHARACTERISTICS OF THE CLASS: Averages 20 or more hours per week in direct therapy service activities. Completes independent assessment of client/inmate needs; responsible for the selection of treatment method from alternatives; draws on complex theoretical background. Conducts individual, group, and family therapy, with individuals exhibiting moderate mental health problems, in a community based treatment or outpatient mental health program or with youth or adult inmates in a correctional institution mental health program; documents and records client/inmate progress; participates in treatment planning; conducts discharge planning; assesses and evaluates the psychological and social functioning of referred clients and inmates. Work product consists of functionally/psychologically improved client/inmate; written treatment plans, client/inmate histories, progress reports, correspondence in draft/dictation form; inmate discharge plans; consultation provided to security staff; psychological/psycho-social evaluations and assessments of inmates. Responsible for client/inmate well-being and improvement.

EXAMPLES OF DUTIES: Conducts therapy sessions with individuals in accordance with individual treatment plans and specific methodologies and techniques. Carries out family therapy or counseling by meeting with family of client/inmate (usually including the client/inmate) on a regular or irregular basis and leading or moderating a discussion of problems and resolutions. Conducts group therapy sessions as leader or moderator. Devises or develops treatment or service plan for client/inmate, based on knowledge of client's situation, gained from interviewing and gathering case information. Writes or dictates evaluation or discharge summaries, treatment plans or progress reports relating to treatment of patients or clients in a therapy program. Confers with other members of the treatment or therapy team, discussing, planning and determining courses of action in client care. Assesses and evaluates need for psychiatric treatment of referred inmates; recommends admission to treatment program. Gives and receives information requiring considerable judgment and authority regarding current and specific business of the work unit by telephone or direct contact. Confers with agency officials, staff members and representatives of other agencies to acquire information needed for immediate determinations or decisions. Reads incoming correspondence, memoranda or reports; plans and formulates response, subsequent action or routes to files or other destination. Confers with other practitioners and technical experts in own field of specialization, in order to broaden knowledge, acquire specific information or obtain advice or consultation. Discusses patient's or client's situation with family or relatives; attempts to evaluate resources in the family for support of client's treatment program. Confers with superior, presenting and resolving difficult problems or questions, discussing plans and actions to be taken, making decisions. Performs related work as required.

WORK CONDITIONS: Emotional stress; long periods of intense concentration; episodes or occasions of personal conflict. Some positions work with mentally ill inmates in a maximum security correctional institution.

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Mental Health Therapist II

Job Code ACV78502

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of: effective methods and techniques of interactive treatment of persons with psychological problems or disorders; current concepts of basic human needs and responses; knowledge of needs and responses of persons who have specific psychological problems; behavior and social systems of prison inmates; state and community resources for assistance to persons with psychological problems; current concepts, theories and terminology

Skill/Ability to: therapeutic interaction with clients/inmates who have serious psychological problems; psychological evaluation and assessment; interviewing to elicit information; oral and written communication; work management.

EXPERIENCE AND EDUCATION: Typical ways to obtain the KSAs would be:

- Master's degree in clinical psychology, psychiatric nursing, (psychiatric) social work, activities therapy or a closely related field of preparation for direct treatment of psychiatric patients or persons with psychological problems, and two years of practice in direct treatment of such persons; OR
- two years of work experience as a Mental Health Therapist I.
- Any combination of training and experience that meet the knowledge, skills, and abilities (KSAs) may be substituted.

SPECIAL SELECTION FACTORS: Selective certification may require knowledge and skills in psychological testing, in social work, in nursing or pharmacology, or in activities therapy.

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ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. JEFFERSON, MAIL CODE 55302
PROCUREMENT SERVICES
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105 AMENDMENT NO. 9

Contract Officer: Karen D. Ingram

SOLICITATION DUE DATE: January 3, 2012

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THIS SOLICITATION IS AMENDED AS FOLLOWS:

Question 14: Discharge Planning - Which positions conduct Discharge Planning? How is it currently handled? What role does the recreational therapist have in the program? (Section 2.10.28)

Answer: RFP Section 2.10.28 establishes the Contractor's responsibilities regarding discharge planning. ADC currently has staff designated as discharge or re-entry planners for each Arizona State Prison Complex. These staff positions will not be maintained by ADC and the Contractor will be required to manage all aspects of discharge planning per RFP Section 2.10.28. A Contractor may provide these services through their own staffing model or service delivery system.

Question 15: Position Clarification - What does "CORRL PSYTHPY PROG REP" stand for? What are the credentials required for this position? What function does this position have in the program?

Answer: The Correctional Psychotherapy Program Representative position is responsible for planning, organizing and assessing newly transferred inmates to the Alhambra Mental Health Units; conducts individual and group counseling, writes psychosocial histories and summaries of patient progress and drafts treatment/discharge plans for continuity of care.

Question 16: Expenditure clarification - Does the document "FY 2010 Health Services Expenditure Information" include costs for the inmates currently housed at the private prisons in the state? If so, can the Department provide a report of expenditures solely relating to the services requested in this RFP?

Answer: The FY 2010 Health Services Expenditure Information does not include costs for inmates housed in ADC contracted private prisons.

Question 17: Staffing clarification - Please explain "Pool Vacant Positions"

Answer: Pool Vacant positions are temporary positions established by ADC that are not filled.

Question 18: Legal fees - Please provide the amount the Department has spent reimbursing inmate's for attorney's fees and costs for grievances and/or lawsuits in each year from 2007-date.

Answer: This information is not maintained by ADC and therefore is not available.

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Questions submitted on December 8, 9 and 12, 2011

Question 1: RFP Page 103 - Section 2.19 - Please identify the plan for monitoring the contract, including number of FTEs by position, costs, and location of the contract monitoring team.

Answer: Contract monitoring will be conducted by ADC Staff in accordance with Contractual requirements and responsibilities as determined by ADC. The information requested is not relevant to an Offeror's ability to respond to the RFP.

Question 2: Section 2.17.4.1 - Does the Department expect the vendor to honor the tenure with the state of existing ADC staff regarding benefits, paid time off, etc.?

Answer: The Contractor shall be responsible for maintaining an adequate level of staffing for provision of the services required under the Contract and must employ sufficient staff and utilize appropriate resources to achieve contractual compliance. Per RFP Section 2.17.4.1, ADC requires that the Contractor give ADC employees displaced by the Contract first consideration for employment. However, as these would be Contractor staff, salary and benefits would be determined by the Contractor.

Question 3: ADC Health Services Equipment - Will the computer hardware and equipment listed on ADC Health Services Equipment Inventory Owned and Leased as of June 2011 be available to the successful bidder.

Answer: Yes. Also please see *ADC Health Services Computer Equipment as of December 2011*, which has been posted under *Data and Reports* at http://www.azcorrections.gov/adcd/divisions/adminservices/data_report_list_092111.aspx

Question 4: ADC Health Services Equipment - Will the access to the above computer equipment include the ability to reimage the operating system or reconfigure current settings to meet the EMR requirements of the successful bidder?

Answer: Yes, however, PCs shall not be reimaged until after the first day of Contractor operations (i.e. after the transition period).

Question 5: Section 2.22.2.1 - Will access to the AIMS system or other ADC systems continue to be available through the above computer equipment located on the VLAN under Option A in section 2.22.2.1?

Answer: Yes, as appropriate and with ADC approval.

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Question 6: Mental Health Technician Manual - Chapter 5, Section 11.0 of the Mental Health Technical Manual indicates that each non-corridor facility has a corridor facility with which they are affiliated for purposes of psychiatric coverage.

a. Please identify which facilities are corridor facilities.

Answer: Please see the *Facility Capability (Revised)* report, which has been posted under Data and Reports at

http://www.azcorrections.gov/adcd/divisions/adminservices/data_report_list_092111.aspx

b. Please indicate all current affiliations between non-corridor and corridor facilities established for purposes of psychiatric or other healthcare coverage.

Answer: For psychiatric needs, non-corridor facilities where master level staff are the only mental health staff on site, the master level staff are clinically supervised by the Psychologist III at a corridor facility.

Mental Health:

- Yuma supervised by Tucson Psychologist III.
- Douglas/Safford supervised by Mental Health Program Manager.
- Winslow supervised by Lewis.

Medical:

- Each complex has a supervising physician.

Question 7: Staff Licensing - Subsection 2.17.2 of the Request for Proposal requires on-site healthcare staff including mental health staff to be fully licensed.

a. Does the Department currently employ any unlicensed psychologists?

b. If so, please identify the number of these unlicensed positions by facility and position title.

Answer: All Psychologists are licensed as required by Arizona State law.

Question 8: Segregation Beds - For each facility, please indicate the number of segregation beds.

Answer: ADC has many types of segregated beds - detention beds, protective custody at ASPC-Lewis, sex offenders units, maximum custody units that are single celled, such as Central Unit; Browning Unit has maximum custody validated STG and the death row population, SMU I has maximum custody protective segregation and sex offenders.

Question 9: Face-to-Face Assessment - Subsection 2.20.2.10, performance outcome 4, requires that inmates with mental illness who are receiving psychotropic medication receive a face-to-face assessment by a registered nurse every 30 days.

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- a. Is the Department currently providing this level of service or will this be a new level of service implemented with the transition to contracted services?
- b. Please clarify the basis for this requirement, including the identification of relevant Department Order or technical manual language governing these nursing contacts.

Answer: Yes. This is a new requirement that was recently placed on mental health staff in November 2011. ADC is currently implementing this program and it will be included as a basic standard in the Technical Manual.

Question 10: Mental Health Assessment - Subsection 2.20.2.1, performance outcome 2 requires a mental health assessment to be completed by a mental health practitioner by day two of an inmate's arrival at the intake facility. a. Please clarify that this performance standard is limited to inmates who have screened positive for mental health concerns on the Reception Screening completed by healthcare staff.

Answer: This performance standard is required for all inmates upon initial intake. It is not limited to inmates who have screened positive for mental health concerns on the Reception Screening completed by healthcare staff.

Question 11: Performance Outcome 5 - In subsection 2.20.10, please clarify performance outcome 5 and the measure that will be used for it. As written, performance outcome 5 appears to contradict performance outcome 6.

Answer: Note: The question references an RFP Section that does not exist. ADC will assume the question reference was meant to be 2.20.2.10 in answering the question.

These performance measures do not contradict each other. Performance Measure #5 requires an inmate on psychotropic medication to be seen by a Psychiatric Nurse (PN) every thirty days and if the inmate is not stable, they are to be referred to a Psychiatrist or Psychiatric Nurse Practitioner; to be seen every thirty days is the standard to be met. Performance Measure #6 requires an inmate on psychotropic medication to be seen by a Psychiatrist or Psychiatric Nurse Practitioner every 90 days.

Questions submitted on December 13 and 14, 2011

Question 1: Due Date Extension - We appreciate that the ADC extended the proposal due date until Tuesday, January 3, 2012. Unfortunately, (a) the Department is closed on January 2, and no one will be present to accept delivery of proposals; and (b) both the US Postal Service and FedEx are closed on January 2, making shipping overnight to meet the January 3 due date impossible. This means that in reality, in order to meet the deadline, bidders will have to ship their proposals to arrive on Friday, December 30. Given these circumstances (holiday closures), will the ADC please consider moving the due date to Friday, January 6, rather than the current due date at the beginning of the week?

Answer: The Proposal due date shall remain January 3, 2012.

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Question 2: Revised Budget Narrative - In the revised Budget Narrative forms, Item 3.1.1. "Savings Due to Capital Construction for Onsite Services" and Item 7.5 "Building Improvement/Construction" seem to relate to infirmity enhancements (and the savings generated thereby). It appears as though the ADC wants bidders to include these items in their base pricing. However RFP Section 2.1.11 states that the infirmity enhancements are OPTIONAL, and not a required component of the proposal.

Please clarify how the ADC wants bidders to address this issue.

a) Leave items 3.1.1 and 7.5 BLANK on the Budget Narrative forms and address the OPTIONAL infirmity enhancements in narrative form in the cost write-up?

b) OR complete items 3.1.1 and 7.5 and simply exclude these OPTIONAL costs out of the total "Fixed Per Day Per Inmate Capitation Rate" on the Fee Schedule form; note that this option conflicts with the statement on RFP Page 127 that "The Total Daily Cost/Inmate cost above shall be the same as the Fixed Per Day Per Inmate Capitation Rate on the first page of the fee schedule."

Answer: Offerors should fill in lines 3.1.1 and 7.5 if they are including the optional Capital Construction. If not, then the lines are left blank. Having separate line items allows ADC to see the costs specific to the issue, if proposed.

Question 3: Clarification for an Amendment/RFP Conflict - RFP Section 2.1.1.3 instructs bidders to provide responses to Sections and Subsections beginning with Subsection 2.1.1. Unfortunately, the State's response to Question #15 on Page 15 of RFP Amendment #7 tells bidders that this requirement includes Sections and Subsections prior to Subsection 2.1.1 as well (i.e., the Uniform Instructions to Offerors, the Uniform Terms and Conditions, and the Special Terms and Conditions). As this directly contradicts the original RFP language, please clarify which of the following sets of conflicting ADC instructions bidders are to follow.

a) Provide responses to Sections and Subsections beginning with Subsection 2.1.1., as instructed in RFP Section 2.1.1.3

b) Provide responses to Sections and Subsections beginning with Section 1, as instructed in the State's response to Question #15 on Page 15 of RFP Amendment #7

Answer: RFP Section 2.1.1.3 was amended in RFP Amendment No. 5 issued on December 9, 2011.

Question 4: Licenses - Does ASPC Perryville require a license for the methadone maintenance program?

Answer: ADC outsources to ALPHA MEDICAL SERVICES, 3875 N. 24th Street, Phoenix, Arizona.

Question 5: Format - The Department states in subsection 2.1.1.2 that all pages will be consecutively numbered. Will the Department allow Offerors to consecutively number by section (i.e. Section 2-1, Section 3-1)?

Answer: Yes, if the numbering clearly identifies the RFP part (Uniform Instructions to Offerors,

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Uniform Terms and Conditions, Special Terms and Conditions, Scope of Work, and Fee Schedule) and for the Scope of Work, if numbered by Section, the Section.

Question 6: Expenditure clarification - According to the "FY 2010 Health Services Expenditure Information" document, the Department's FY 2010 Actual Expenditures for the category "Professional and Outside Services" was \$57,606,881. Will the Department please provide a breakdown of this total, clearly delineating the actual cost of offsite and hospitalization services, staffing agency costs, pharmacy costs, and any other significant cost categories?

Answer: Please refer to the answer to Question #15 in this amendment. The \$57,606,881 has been updated to include the administrative adjustment period and the expenditure detail has been provided.

Question 7: Due Date - We appreciate the extension of the due date to January 3rd; however, given the holidays and the high volume of shipping that occurs during that time, the extension granted only amounts to a 3 or 4 business day extension. The revised due date falls the day after a federal holiday, forcing those finalizing and preparing the proposals for shipping to work over the holidays. While we appreciate the delay to allow vendors to incorporate the answers released in amendments, would the Department consider extending the due date an additional week to allow vendors to enjoy these holidays with family while also ensuring no delivery issues during this time?

Answer: The Proposal due date shall remain January 3, 2012.

Question 8: Dialysis Chairs - Is there a possibility to expand the number of Dialysis chairs?

Answer: ADC does not currently have plans to expand the number of Dialysis chairs.

Question 9: Drug Utilization Report - The answer in Amendment 3 question 27 to refer to the drug utilization report does not have the monthly dates attached; hence, the average monthly costs over the last three months could be much higher or lower than the costs at the first three months. Therefore, using this data does not allow for an accurate projection of the costs going forward. Could the State please attach the day, month, and year to each drug dispensed and resend the detail pharmacy data?

Answer: The information provided was historical data for the last 12 months. The data should be interpreted utilizing market fluctuations; Loss of Trade Name status, etc. Monthly costs are listed in the following reports under Data and Reports at http://www.azcorrections.gov/adc/divisions/adminservices/data_report_list_092111.aspx

- *Active Prescription Totals 7-01-07 through 6-30-09*
- *Active Prescription Totals 7-01-09 through 6-30-10*
- *Active Prescription Totals 7-01-10 through 6-30-11*
- *Active Prescription Totals 7-01-11 through 10-31-11*

Projections can be based on the information provided in these reports.

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Question 10: Provider Services - In our process to obtain the most accurate pricing information, we have spoken with providers who have indicated there is substantial backlog. Is there a backlog of outside provider services?

Answer: ADC's wait times are within industry standards.

Question 11: Specialist Referral - Does the Department track the date that a specialist referral is requested by an attending physician in the facility? If so, what is the current and historical average length of time between the referral and the actual date of the specialist visit? Is there currently a large backlog of patients waiting to be seen by specialists that the selected bidder will need to clear?

Answer: ADC tracks the date that a specialist referral is requested by an attending physician in the facility. The length of time between the referral and the actual date of the specialist visit depends on the specialty and the specialist. ADC's wait times are within industry standards.

Question 12: Telehealth - Please provide utilization and cost data for providers of Telehealth services.

Answer: Please refer to the following reports under Data and Reports at http://www.azcorrections.gov/adcd/divisions/adminservices/data_report_list_092111.aspx

- *Telemedicine Consult Report for 2007*
- *Telemedicine Consult Report for 2008*
- *Telemedicine Consult Report for 2009*

Telehealth data for 2010 is not available. The Telehealth charges are reflected in the costs reported under the Cost by Diagnosis Codes reports. Please refer to the following reports under Data and Reports at

http://www.azcorrections.gov/adcd/divisions/adminservices/data_report_list_092111.aspx

- *FY2008 TPA Claims by Diagnosis Reports*
- *FY2009 TPA Claims by Diagnosis Reports*
- *FY2010 TPA Claims by Diagnosis Reports*
- *FY2011 TPA Claims by Diagnosis Reports*

Question 13: Healthcare Network Provider Contracts - Please provide a copy of the current contracts for all healthcare network providers.

Answer: Current contracts with healthcare providers are available for review at the ADC Procurement Services Office with an appointment.

Question 14: Alternative Proposals - If vendors have innovative and cost savings alternatives they would like to present to the Department, are vendors permitted to submit alternative proposals? If yes, to submit an alternative proposal, will the Department accept an alternative proposal alone, or must it accompany a

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compliant bid?

Answer: While fully meeting the provisions, specifications, and minimum requirements of the RFP, Offerors are encouraged to demonstrate service delivery measures in their proposals that will reduce the required per day per inmate capitation rate. However, ADC can not accept responses that are not based on the requirements identified in the RFP.

Question 15: Healthcare Expenditures - Please provide the detailed line item expenditure for healthcare services that supports the summary found at http://www.azcorrections.gov/adcd/divisions/adminservices/092011_reports/HealthSvcs_ExpenditureInfo_2010.pdf Also, please provide similar detail and summaries for each of 2008, 2009, and 2011. Historical detail is necessary, among other reasons, to understand the impact of AHCCCS rates on expenditure. Currently the claims paid reports do not tie to any numbers appearing on the schedule currently provided for 2010. The detail is required to support the claims paid figures. If the claims paid figures do not appear on the expenditure summary or detail, please demonstrate where the claims are incorporated in the expenditure figures or please reconcile the difference. If the claims paid are not incorporated in the expenditure or any difference cannot be readily reconciled, please explain which figures should be relied upon and which shouldn't.

Answer: The "FY 2010 Health Services Expenditure Information" was not final as it did not include the entire administrative adjustment period. The FY 2010 information has been updated to include the entire administrative adjustment period (through June 30, 2011) and is now final. The information is available as *FY 2010 Health Services Expenditure Update* under Data and Reports at http://www.azcorrections.gov/adcd/divisions/adminservices/data_report_list_092111.aspx

In addition, FY 2009 through FY 2011 expenditure summaries and operating detail is being provided. The information has been broken down by object (professional & outside services, travel, other operating expenditures, equipment, etc.), project cost account (health care management, medical, mental health, dental, nursing, pharmacy, etc.) and vendor. The information is available as *FY 2009 – FY 2011 Health Services Expenditure Summary and Detail* under Data and Reports at http://www.azcorrections.gov/adcd/divisions/adminservices/data_report_list_092111.aspx

The operating detail provided at the link above tie to the overall expenditure summaries for FY 2009 through FY 2011. The information is consistent with the expenditures from the Arizona Financial Information System (AFIS) for the specified period of time.

Question 16: Health Services Expenditures - On the following report: http://www.azcorrections.gov/adcd/divisions/adminservices/092011_reports/HealthSvcs_ExpenditureInfo_2010.pdf

a) Please explain the nature of the administrative adjustments.

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Answer: Pursuant to A.R.S. § 35-191 a vendor's claim for goods or services which has been incurred but not paid prior to the end of the fiscal year, and does not affect the validity or the contractual liability of the State, is subject to the Administrative Adjustment payment process. To be eligible for payment under the Administrative Adjustment process, the goods or services must have been received prior to July 1 of the current fiscal year. Administrative Adjustments reflect expenditures by the agency made after the close of the fiscal year. The timeline for processing administrative adjustments are between the close of the 13th month and June 30 of the following year.

b) Please explain what is meant by the title on the column FY2010 through 13th Month. Is this a 12 month or 13 month summary? If the latter why is 13 months shown instead the more commonly accepted annual financial statement?

Answer: A.R.S. § 35-190 allows warrants to be generated against appropriations for a period of up to one month after the June 30th fiscal year end. This one-month period is commonly known as the 13th month. This is the manner in which the Arizona Department of Corrections, and most if not all, other state agencies in Arizona report expenditures.

c) Please explain the nature of the AHCCCS refund.

Answer: The ADC transfers funds to the Arizona Health Care Cost Containment System (AHCCCS), who is the Department's Third Party Administrator (TPA), to enable AHCCCS to process and pay inmate health care claims. These transfers of funding are done quarterly or on an as needed basis. The AHCCCS refund represents funding that remained at AHCCCS after all claims had been paid. This funding was returned to ADC as an administrative adjustment at the close of the administrative adjustment period.

Question 17: AHCC - Please provide the utilization data and costs pre- and post the AHCCC taking effect

Answer: Please see answers to Question 15 and 16 in this Amendment. For utilization data, please refer to *Hospital Admission Summary Report Fiscal Year 2007 through Fiscal Year 2011 (Revised)* under *Data and Reports* at http://www.azcorrections.gov/adcd/divisions/adminservices/data_report_list_092111.aspx

Question 18: Hospital Admits - There is a dramatic increase in 2011 of the number of hospital admits (increase of 25.8%) and days in hospital (39.1%). Please account for this sudden increase.

Answer: Data is not available to account for an increase in the number of hospital admits and days in hospital for 2011.

Question 19: Mental Health Score Report - Please provide the following report for years dating back to 2008 so that we can see the trend in patient acuity: http://www.azcorrections.gov/adcd/divisions/adminservices/092011_reports/Medical_Mental_Health_Score_Inmate_Distribution080911.pdf How often is the inmates' health status reviewed and updated?

Answer: Data for 2008 through 2011 is provided below. An inmate's health status is reviewed and updated as necessary.

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November 2011

M-Score	Eyman	Florence	Lewis	Perryville	Phoenix	Tucson	Douglas	Safford	Winslow	Yuma	Total
M-1	2,670	2,284	2,489	2,015	215	2,192	1,445	1,165	1,079	2,840	18,394
M-2	1,563	1,499	1,787	1,097	185	1,668	933	560	465	1,325	11,082
M-3	484	361	517	283	64	752	43	17	16	59	2,596
M-4	320	243	257	41	30	507	1	1	2	-	1,402
M-5	6	8	9	3	2	38	-	-	-	-	66
Total	5,043	4,395	5,059	3,439	496	5,157	2,422	1,743	1,562	4,224	33,540

November 2010

M-Score	Eyman	Florence	Lewis	Perryville	Phoenix	Tucson	Douglas	Safford	Winslow	Yuma	Total
M-1	2,931	2,334	2,559	2,085	223	2,277	1,610	1,234	1,317	2,769	19,339
M-2	1,647	1,482	1,686	1,030	229	1,603	940	613	524	1,256	11,010
M-3	353	362	490	303	88	1,019	94	32	33	57	2,831
M-4	202	212	232	39	33	625	2	1	4	1	1,351
M-5	5	12	6	3	-	50	-	-	-	-	76
Total	5,138	4,402	4,973	3,460	573	5,574	2,646	1,880	1,878	4,083	34,607

November 2009

M-Score	Eyman	Florence	Lewis	Perryville	Phoenix	Tucson	Douglas	Safford	Winslow	Yuma	Total
M-1	3,222	2,159	3,008	2,089	238	1,906	1,596	1,241	1,210	1,543	18,212
M-2	1,530	1,418	1,554	1,006	204	1,243	730	528	460	617	9,290
M-3	254	542	430	358	71	856	124	74	52	64	2,825
M-4	138	258	178	43	48	409	1	3	6	1	1,085
M-5	7	15	14	5	-	35	-	-	-	1	77
Total	5,151	4,392	5,184	3,501	561	4,449	2,451	1,846	1,728	2,226	31,489

November 2008

M-Score	Eyman	Florence	Lewis	Perryville	Phoenix	Tucson	Douglas	Safford	Winslow	Yuma	Total
M-1	3,219	2,417	3,522	2,419	604	2,726	1,782	1,362	1,384	1,907	21,342
M-2	1,059	921	1,054	895	217	787	491	394	292	471	6,581
M-3	463	514	488	420	59	275	67	59	38	44	2,427
M-4	105	171	127	27	14	74	4	5	5	4	536
M-5	12	13	10	2	2	7	-	-	-	-	46
Total	4,858	4,036	5,201	3,763	896	3,869	2,344	1,820	1,719	2,426	30,932

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November 2011

MH-Score	Eyman	Florence	Lewis	Perryville	Phoenix	Tucson	Douglas	Safford	Winslow	Yuma	Total
MH-1	2,298	2,210	1,980	1,074	162	1,246	1,967	1,493	1,252	3,243	16,925
MH-2	1,329	1,060	1,218	943	24	802	447	248	310	798	7,179
MH-3	1,362	1,121	1,843	1,312	290	2,850	8	2	-	183	8,971
MH-4	54	4	18	110	15	259	-	-	-	-	460
MH-5	-	-	-	-	5	-	-	-	-	-	5
Total	5,043	4,395	5,059	3,439	496	5,157	2,422	1,743	1,562	4,224	33,540

November 2010

MH-Score	Eyman	Florence	Lewis	Perryville	Phoenix	Tucson	Douglas	Safford	Winslow	Yuma	Total
MH-1	2,235	2,399	2,051	1,135	199	1,626	2,153	1,583	1,555	3,205	18,141
MH-2	1,404	991	990	1,022	35	922	488	290	321	837	7,300
MH-3	1,478	997	1,908	1,280	309	2,806	5	7	2	41	8,833
MH-4	21	15	24	23	25	220	-	-	-	-	328
MH-5	-	-	-	-	5	-	-	-	-	-	5
Total	5,138	4,402	4,973	3,460	573	5,574	2,646	1,880	1,878	4,083	34,607

November 2009

MH-Score	Eyman	Florence	Lewis	Perryville	Phoenix	Tucson	Douglas	Safford	Winslow	Yuma	Total
MH-1	2,426	2,140	2,643	1,067	178	1,282	2,032	1,505	1,352	1,803	16,428
MH-2	1,464	948	1,154	1,135	37	829	412	334	372	413	7,098
MH-3	1,251	1,304	1,386	1,297	323	2,295	7	7	4	10	7,884
MH-4	10	-	1	2	18	43	-	-	-	-	74
MH-5	-	-	-	-	5	-	-	-	-	-	5
Total	5,151	4,392	5,184	3,501	561	4,449	2,451	1,846	1,728	2,226	31,489

November 2008

MH-Score	Eyman	Florence	Lewis	Perryville	Phoenix	Tucson	Douglas	Safford	Winslow	Yuma	Total
MH-1	2,071	1,801	2,843	1,191	512	1,820	1,972	1,471	1,374	1,970	17,025
MH-2	1,258	768	1,102	1,305	67	955	370	334	343	445	6,947
MH-3	1,516	1,467	1,250	1,244	282	1,072	2	15	2	11	6,861
MH-4	13	-	6	22	32	22	-	-	-	-	95
MH-5	-	-	-	1	3	-	-	-	-	-	4
Total	4,858	4,036	5,201	3,763	896	3,869	2,344	1,820	1,719	2,426	30,932

SOLICITATION AMENDMENT

ARIZONA
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1601 W. JEFFERSON, MAIL CODE 55302
PROCUREMENT SERVICES
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105 AMENDMENT NO. 9

Contract Officer: Karen D. Ingram

SOLICITATION DUE DATE: January 3, 2012

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THIS SOLICITATION IS AMENDED AS FOLLOWS:

Question 20: Health Services Equipment - The health services equipment detail provided on the Arizona DOC website includes approximately \$750,000 in automobiles and vans and approximately \$300,000 in golf carts and other off-road vehicles. Are these vehicles in use and operated by correctional officers? If no, please identify the types of use for these vehicles and the staff positions currently operating these vehicles. Will the health services vendor be responsible for operation, maintenance, replacement, and property and liability insurance coverage on these vehicles?
If yes, will the health services vendor be able to secure the title to the automobiles and vans in order to obtain insurance coverage.

Answer: The *ADC Health Services Equipment Inventory - Owned and Leased As of June 2011* document includes ADC vehicles. However, only the golf-carts (listed below) will be part of the equipment made available to the Contractor under the requirements set forth in RFP Section 2.6.12.

MODEL YEAR	VEHICLE LICENSE NUMBER	MAKE	MODEL	FUEL TYPE	LOCATION
1986	268	EZ GO	ELEC UTILITY		ASPC-TUCSON
1991	203	MITSUBISHI	MIGHTY MITS	UNLEADED	ASPC-WINSLOW
1991	202	MITSUBISHI	MIGHTY MITS	UNLEADED	ASPC-WINSLOW
1995	NONE 289	MITSUBISHI	SH27D	UNLEADED	ASPC-WINSLOW, APACHE UNIT
2000	310	EZ GO	XI875 CART		ASPC-LEWIS
2000	311	EZ GO	XI875 CART		ASPC-LEWIS
2007	315	EZ GO	TXT-E CART		ASPC-LEWIS
2007	316	EZ GO	TXT-E CART		ASPC-LEWIS
2007	317	EZ GO	TXT-E CART		ASPC-LEWIS
2007	318	EZ GO	TXT-E CART		ASPC-LEWIS
1998	338	CLUB CAR	CARRYALL II		ASPC-TUCSON
1998	339	CLUB CAR	CARRYALL II		ASPC-TUCSON
1998	340	CLUB CAR	CARRYALL II		ASPC-TUCSON
1999	347	CLUB CAR	CARRYALL II		ASPC-LEWIS
1999	348	CLUB CAR	CARRYALL II		ASPC-LEWIS
1999	349	CLUB CAR	CARRYALL II		ASPC-LEWIS
1991	411	MITSUBISHI	MIGHTY MITS	UNLEADED	ASPC-EYMAN
2005	412	EZ GO	LIMO		ASPC-LEWIS
2005	420	EZ GO	ELEC UTILITY		ASPC-DOUGLAS
1994	756	MITSUBISHI	MIGHTY MITS	UNLEADED	ASPC-EYMAN
2005	773	EZ GO	TXT-E CART		ASPC-TUCSON
2005	774	EZ GO	TXT-E CART		ASPC-PERRYVILLE
2005	775	EZ GO	TXT-E CART		ASPC-PERRYVILLE

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1997	834	CLUB CAR	CARRYALL II		ASPC-TUCSON
1997	835	CLUB CAR	CARRYALL II		ASPC-TUCSON
1997	861	CLUB CAR	CARRYALL II		ASPC-DOUGLAS
1996	862	CLUB CAR	GOLF CART		ASPC-PERRYVILLE
1996	863	CLUB CAR	GOLF CART		ASPC-PERRYVILLE
1996	864	CLUB CAR	GOLF CART		ASPC-PERRYVILLE
1995	865	EZ GO	UTILITY GAS		ASPC-PERRYVILLE
1993	888	MITSUBISHI	MIGHTY MITS	UNLEADED	ASPC-EYMAN
1994	893	EZ GO	ELEC UTILITY		ASPC-TUCSON
1994	894	EZ GO	ELEC UTILITY		ASPC-TUCSON
1998	941	CLUB CAR	CARRYALL II		ASPC-SAFFORD, FORT GRANT UNIT
1998	942	CLUB CAR	CARRYALL II		ASPC-SAFFORD
1998	943	CLUB CAR	CARRYALL II		ASPC-DOUGLAS
2010	E-537	JOHN DEERE	GATOR	UNLEADED	ASOC-TUCSON
2010	E-538	JOHN DEERE	GATOR 4X2	UNLEADED	ASPC-DOUGLAS
2010	E-539	JOHN DEERE	GATOR 4X2	UNLEADED	ASPC-LEWIS
2010	E-540	JOHN DEERE	GATOR 4X2	UNLEADED	ASPC-PERRYVILLE
2010	E-541	JOHN DEERE	GATOR 4X2	UNLEADED	ASPC-PERRYVILLE
2010	E-542	JOHN DEERE	GATOR 4X2	UNLEADED	ASPC-SAFFORD
2010	E-543	JOHN DEERE	GATOR 4X2	UNLEADED	ASPC-TUCSON
2010	E-544	JOHN DEERE	GATOR 4X2	UNLEADED	ASPC-TUCSON
2010	E-545	JOHN DEERE	GATOR 4X2	UNLEADED	ASPC-YUMA
2010	E-546	JOHN DEERE	GATOR	UNLEADED	ASPC-YUMA

Question 21: Transition Period - The answer to Question 2 in Amendment 6 states that the contract and the term of the contract begin on the date of award, and that the goal for full service delivery is no later than 90 days calendar days from the contract award date. How would the Department anticipate the successful bidder to invoice for the "transition" period between notification of award and full service delivery?

Answer: There will be no invoice or payment for the transition period. Terms for first invoicing are stated in RFP Section 1.14

Question 22: Performance Outcome Measure - Performance Outcome measure 2.20.2.4 states "CC/DM inmates are seen by a provider (representing the appropriate discipline) every three (3) to six (6) or as specified in the inmates treatment plan.

Does the Department mean every three to six months?

For most CC/DM visits, the skills, knowledge, and expertise of the onsite physician, Medical Director, or midlevel practitioner will suffice, especially for those inmates with well-controlled CC/DM. Does the "appropriate discipline" mean, for example, that an inmate with hypertension is required to see a cardiologist every three to six (months)?

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Answer: Yes – ADC meant every three to six months, depending on stability. In response to the second question, the answer is no. The inmate would be seen by the attending primary care provider on their unit and referral to a specialist as needed.

Question 23: Hepatitis C - The ADC detailed drug utilization for the last 12 months showed \$725,000 was spent on current Hepatitis C treatment. The number of Hepatitis C positive inmates listed by the Department in this procurement process as receiving treatment is significantly below the national average for this population. If the AASLD October Guideline recommendations are adopted, an additional 100-200 persons may be eligible for the new treatment regimen, at a cost of approximately \$4.5 million. Is the Department currently utilizing the Hepatitis C treatment regimen outlined in AASLD October 2011 guidelines? If not, does the Department expect the bidder to utilize these treatment guidelines, which will result in a cost of approximately \$45,000-\$65,000 per inmate in treatment?

Answer: ADC is currently in the process of developing guidelines that will be utilized as outlined in AASLD October 2011 guidelines. Yes, the Department does expect the bidder to utilize the AASLD October 2011 guidelines in the treatment of Hepatitis C.

Question 24: Hepatitis C - For the Hepatitis C positive inmates identified by the Department in this procurement process, list: the number of inmates with each genotype of the disease; the exact cost of each medication spent per inmate; the types of medications, dosages and length of medication regimen provided per inmate; the success rate of this medication regimen; and what steps the Department has taken to treat the disease in those patients who were not cured during the initial treatment regimen. List the methods by which the Department tests to determine whether an inmate is Hepatitis C positive and when during the intake process these methods are utilized.

List the procedure utilized to treat each inmate who tests positive for Hepatitis C by genotype.

Please specify how many inmates are currently receiving this drug regimen and the cost per inmate.

Answer:

Reported for FY 11

1) Number of inmates with each genotype (65 inmates)

- a. Genotype 1 – 40
- b. Genotype 2 - 2
- c. Genotype 3 - 11
- d. Genotype 4
- e. 7 patient genotypes are unavailable

2) Cost per inmate \$11,663

3) Types of medication

- a. Ribavirin
- b. Pegylated Interferon

4) Dosages and length of medication regimen

- a. Genotype 1 or 4
 - i. <75 kg ribavirin 400mg qam 600mg qpm x 48 weeks >75kg ribavirin 600mg qam

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- 600mg qpm – pegalayed interferon (Alpha 2A) 180mcg sc weekly x 48 weeks
- b. Genotype 2 or 3
 - i. <75kg ribavirin 400 qam 600mg qpm x 24 weeks >75kg ribavirin 600mg qam 600mg qpm x 24 weeks – pegalyted interferon (Alpha 2A) 180mcg sc weekly x 24 weeks
- 5) Success Rate – this information is unavailable at this time
- 6) Steps taken to treat patients not cured during initial treatment
 - a. not currently retreating treatment failures – but are in the process of developing guidelines for treatment
- 7) Testing for Hepatitis C –
 - a. See Health Services Technical Manual pp. 407-412
 - b. Male testing is ordered during the intake process to be completed at the receiving facility where the inmate is transferred. Females testing is ordered and completed during the intake process.
- 8) Procedure utilized to treat each inmate who tests positive for Hepatitis C by genotype
 - a. See Health Services Technical Manual pp. 407-412
- 9) Inmates currently in treatment and cost per inmate from 06/21/11 thru 12/19/11
 - a. 57 inmates at a cost of \$378,549 or \$6,641/inmate

Question 25: Performance Standards - The requirement that the numerous performance standards listed in the RFP be achieved at a 100% compliance level is not only unachievable even in the best managed scenarios, but this requirement also will cause the vendor to propose a health services plan that is unnecessarily expensive to the State in order to avoid the potential of financially crippling monetary sanctions. And since 100% compliance is not achievable, the vendor will be required to include in their price a significant amount to cover the inevitable sanctions. While we recognize that this question has been asked and responded to in Amendment 6, the response did not provide clarity for our response. Further on this topic, the RFP performance standards exceed all national standards such as NCCHC, ACA, etc and from our understanding may exceed the current operating performance levels of the Department's health care services program. Many of the performance standards in the RFP are significantly vague so that vendors will not be able to determine an acceptable level of service compliance and be potentially subject to varying degrees of enforcement and resulting sanctions. Finally, it is assumed that the monetary sanctions calculated as a percentage deduction (5% to 10%) are cumulative, which at any given time during the contract may force the vendor out of compliance with the financial solvency measures of capital requirements, liquidity ratio, and positive net income. All of the above will result in a significant increase in the vendor's price to the detriment of the Department and may result in vendors submitting bids that are not based on comparable and competitive terms and assumptions. Will the Department consider revising the performance standards and associated monetary sanctions in line with national standards, and therefore allow vendors to provide a proposal price comparable to current ADC costs?

Answer: The Department will not lower the requirements. The Department's expectation is for a

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Contractor to achieve 100% of the requirements when providing Health care to inmates. Please note that failure to achieve 100% of the requirements will not automatically result in the imposition of a monetary sanction. Please refer to RFP Section 2.19. An offeror should review this information and take this into consideration when preparing their response and factor in any costs they believe are pertinent to their response.

Question 26: Hepatitis C - Is the Department willing to carve out of the bid the costs of treating Hepatitis C positive inmates or willing to place a reasonable cap on the annual amount spent to treat Hepatitis C positive inmates (which are both common in the industry)? If not, is the Department willing to include language that would allow for re-negotiation of the price specifically related to the treatment of Hepatitis C if the AASLD guidelines are adopted?

Answer: No. A Contract resulting from this RFP shall be full risk. Price adjustments shall be allowed as specified in RFP Section 1.15.

Question submitted on December 14, 2011

Question 1: Hospital Admissions - The sum of the number of hospital admissions that appears on each monthly Corrections At A Glance report (an example of which is found at the following link: <http://www.azcorrections.gov/adcreports/CAG/CAGDec10.pdf>) for FY2011 (i.e. July 2010 through June 2011) equals 2,382 admissions. The report titled at the following link: http://www.azcorrections.gov/adcreports/divisions/adminservices/092011_reports/Hospital_AdmissionSumm_Report_FY2007_2011.pdf shows hospital admissions for FY2011 as 2,177, a 9% difference. Please explain the difference. Further, the summary totals on the following report do not agree to the sum of the individual lines. http://www.azcorrections.gov/adcreports/divisions/adminservices/092011_reports/Hospital_AdmissionSumm_Report_FY2007_2011.pdf For example, while the summary says the number of inmates admitted and days in hospital for 2007 is 1,462 and 9,789 respectively, the actual sum of the data provided indicates 1,674 and 11,498, respectively. There are similar discrepancies in some of the other years. Please explain the differences. Can we rely on this data?

Answer: Data provided on the monthly "Corrections At A Glance" report includes both the ten (10) ADC state-operated prisons and ADC contracted private prisons. Data provided on the Hospital Admissions Summary Report includes only the ten (10) ADC state-operated prisons.

Regarding the *Hospital Admissions Summary Report*, the report did contain mathematical errors. The report has been corrected and reposted under Data and Reports at http://www.azcorrections.gov/adcreports/divisions/adminservices/data_report_list_092111.aspx

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ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY


Vendor hereby acknowledges receipt and understanding of above amendment.

**The above referenced Solicitation Amendment
is hereby executed this 21st day of December,
2011 at Phoenix, Arizona.**

Signature _____ Date _____

Typed Name and Title

Name of Company


Denel Pickering Chief Procurement Officer